
Public Health Reports' First Century— A Chronicle

J. STEWART HUNTER

IN JULY 1878, a single-page *Bulletin* was issued by Dr. John M. Woodworth, Supervising Surgeon General of the Marine Hospital Service. Subject: yellow fever and cholera. It went nationwide to a scant thousand "subscribers."

Rutherford B. Hayes was President, and the U.S. population was about 39 million, give or take a million. Five years earlier, Dr. Robert Koch had isolated the tubercle bacillus, one of the many classic discoveries of the 1800s that ushered in the bacteriological age in medicine.

In November 1878, Dr. Woodworth was to report to the annual fall meeting of the American Public Health Association that the recent yellow fever epidemic, originating in New Orleans and migrating upriver, numbered more than 100,000 cases with 20,000 deaths "sacrificed on the altar of preventable disease."

Dr. Woodworth's *Bulletin* was in response to an act of Congress, passed earlier in the year under pressure from the Surgeon General and Dr. John S. Billings—veteran Army advocate of public health and Dr. Woodworth's rival in a long war for national leadership—and widespread public concern over recurring epidemics of yellow fever, cholera, typhoid, and other diseases.

The act was limited to the quarantine of vessels

carrying diseases from abroad. But, extended in 1893, the act gave sanction and substance to succeeding *Bulletins*. It also marked the genesis of *Public Health Reports*. Except for a brief interval in the late 1880s and early 1890s, when a National Board of Health represented the Federal interest in public health, *Public Health Reports* has been the official journal of the U.S. Public Health Service. As a journal, its 100-year history provides one of the best records we have of the growth of the Service and the development of the public health movement in America.

This history can be divided roughly into three parts:

- 1878–1951, a weekly publication concerned chiefly, but by no means solely, with the Service's historic mission—quarantine and the control of epidemics.
- 1952–74, a monthly magazine concentrating on the technical and professional aspects of public health in an increasingly complex technological society.
- 1974 to the present, briefly renamed twice because of in-Service reorganizations, as a bimonthly but retaining the same basic mission.

Title changes are not entirely without precedent, for early issues of *Public Health Reports* carry the legend "Formerly Abstract of Sanitary Reports." Printed on flimsy 9- by 5½-inch paper, they ran from a meager 8 to 30 pages, depending on news of epidemics. The news was often bad.

Notable Early Contributions

Buried in the gray columns of statistics and laconic reports of epidemics from Athens to Galveston,

Mr. Hunter, a former Managing Director of Public Health Reports, was Assistant to the Surgeon General for Information and Associate Director of Public Information, Office of the Secretary, Department of Health, Education, and Welfare. Tearsheet requests to Public Health Reports, Rm. 10-30, Center Bldg., 3700 East-West Highway, Hyattsville, Md. 20782.

however, are records of many of the historic discoveries of Service people.

On July 27, 1906, Dr. W. W. King reported to the Surgeon General, via the journal, on the experimental transmission of Rocky Mountain spotted fever 'by means of the Tick.' And the issue of June 26, 1914, contained Dr. Joseph Goldberger's "The Etiology of Pellagra: The Significance of Certain Epidemiological Observations With Respect Thereto."

Dr. Goldberger's discovery has received less than its historic due, according to some, among them Dr. Milton Terris of New York Medical College, who in 1964 wrote:

It is a curious fact that American epidemiology reveres *Snow on Cholera* as the classic demonstration of epidemiological method and neglects its masterpiece, the work of Joseph Goldberger on pellagra . . . (It) has remained buried on the book shelves of medical libraries, hidden in the massive red volumes of old *Public Health Reports*, gathering dust for more than three decades.

PHR, indeed, published reports by that indefatigable scientist—not only on pellagra but also on dengue, yellow fever, typhus, and other topics. Goldberger, in his wide-ranging investigations, contracted dengue, typhus, and yellow fever. He was more fortunate than Dr. Howard Taylor Ricketts, his distinguished fellow scientist and *PHR* contributor, who died of typhus in 1910 while investigating the disease in Mexico City.

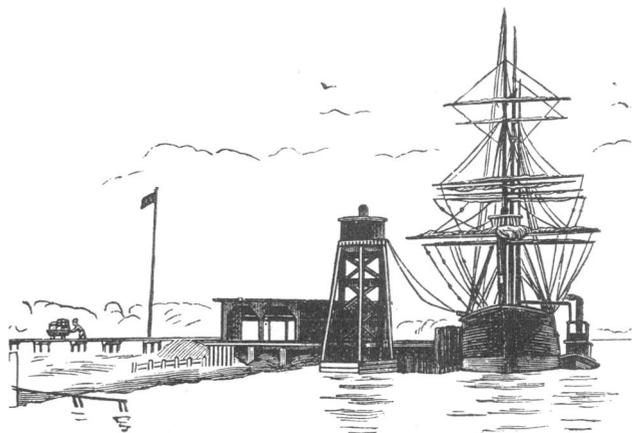
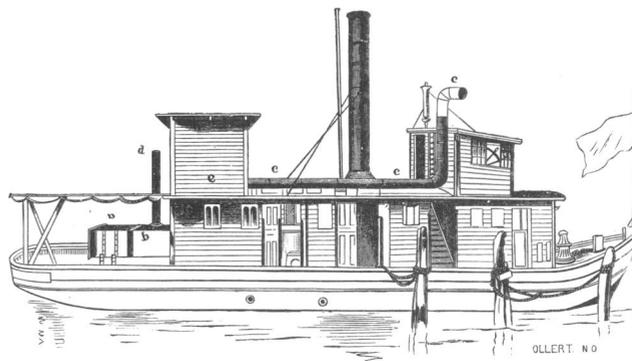
Other notable pioneers appeared in *Public Health Reports*, not always with the original work for which they were famed, but with substantial contributions:—Dr. Henry Rose Carter, yellow fever expert, to whose work Dr. Walter Reed paid tribute—not publicly but in a private letter.

—Dr. Alice C. Evans, who established that the same organism caused undulant fever in man and Bang's disease in cattle. Like many of her colleagues, she contracted the disease she was studying and suffered from undulant fever for 24 years.

—Dr. Leslie L. Lumsden, rural sanitation expert, whose recommendations led to the first full-time, organized local health department in the United States, in Yakima, Wash.

—Dr. George W. McCoy, who isolated and cultivated the organism causing tularemia and who was Director of the Service's Hygienic Laboratory for 22 years.

Hundreds of other contributors to *Public Health Reports*—noted at the time but not long remembered—were adding to the sum of knowledge. Although the dictum of publish or perish did not necessarily apply in the earlier days of the Service,



Dr. Joseph J. Kinyoun reported on the efficiency of the fumigating apparatus used to enforce Louisiana's quarantine laws in the June 29, 1888, *Weekly Abstract of Sanitary Reports*. Above, the tugboat was equipped with a 2,000 gallon tank containing bichloride of mercury solution and a generator. The germicidal gas displaced the atmosphere within a ship needing disinfecting. Below, disinfecting wharf with tugboat next to sailing vessel.

having articles published did not hurt. Dr. Rupert Blue and Dr. Hugh S. Cumming were among the prolific contributors to the journal, albeit in short reports from abroad. Each later became Surgeon General.

Dr. Terris' "massive red volumes" contain not only parts of the public health record but prophecies—some to be long deferred.

—In 1895, Surgeon General Walter Wyman foreshadowed national health surveys by soliciting reports of mortality from certain infectious diseases from U.S. towns with populations of more than 1,000. Total letters: 3,715. Replies: 1,756. Leading cause of death: *phthisis pulmonalis*.

—The June 5, 1914, issue records Dr. J. W. Schereschewsky's remark to the National Association for the Prevention of Tuberculosis: "Industrial sickness insurance is an economic necessity in modern social evolution."

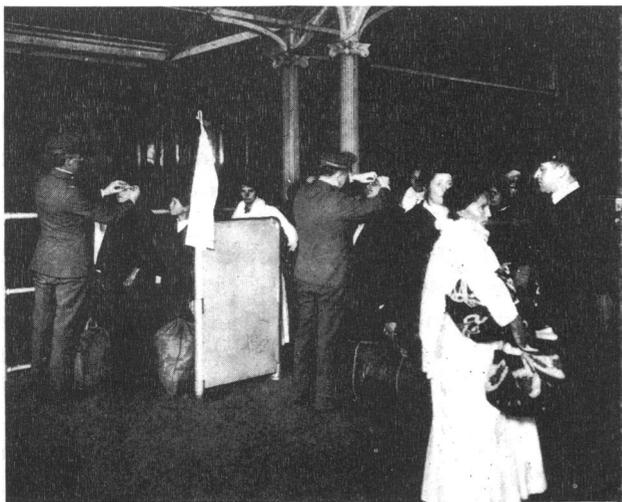
—In June 1916, Dr. Rupert Blue, the only Surgeon

General to serve as president of the American Medical Association, in an address to the association's membership reported that he detected "unmistakable signs that health insurance will constitute the next great step in social insurance." It was not until 1948—32 years later—that President Truman's proposal would be made. It was promptly and overwhelmingly defeated.

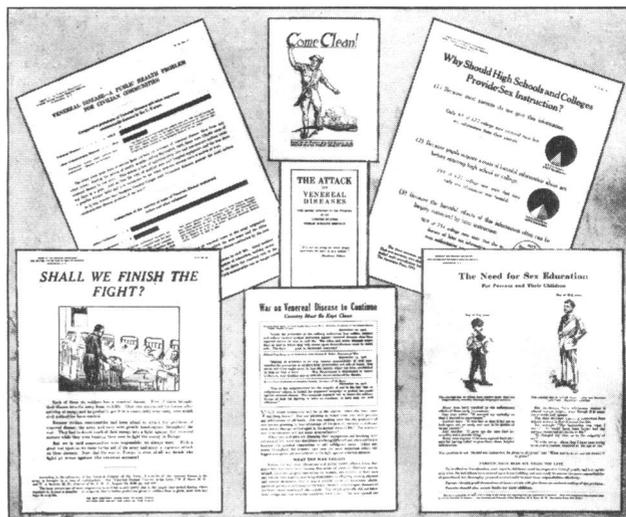
The beginnings of U.S. involvement in world health, the first compulsory vaccination act, passed in Argentina in 1903, and the first stirrings of a broad concept of environmental health were noted in the issues of *Public Health Reports* in the early years of the century. True to its initial mission, the journal also faithfully reported on the eradication of bubonic plague in San Francisco during 1903–07 and the rise and fall of communicable diseases here and abroad.

In 1902, the Service was charged with regulating "the sale of viruses, serums, toxins . . . and to regulate interstate traffic in such articles and for other purposes." In that year also, the Service's name was changed to the Public Health and Marine Hospital Service. A change in the Seal, obligatory on official documents, was indicated and incorporated in *Public Health Reports*. In 1912 another name—the Public Health Service—required new typographical adjustments.

Of much larger import, however, was a provision in the 1912 law providing authority to "study and investigate the diseases of man and the propagation and spread thereof including sanitation and the



"The average immigrant remains at Ellis Island 2 or 3 hours, during which time he undergoes an examination by the Public Health Service to determine his mental and physical condition." In the May 18, 1917, issue E. H. Mullan explained the system used to process arrivals and detect the "feeble-minded."



Publications on venereal disease distributed by State Boards of Health and the Service were pictured in the April 25, 1919, issue

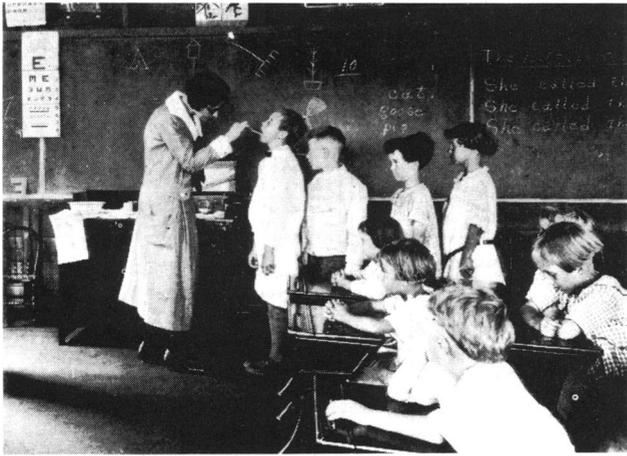
pollution . . . of the navigable streams and lakes of the U.S."

The Service actually had not waited for that authority. It had been in business since 1887, when Dr. Joseph J. Kinyoun set up a one-room bacteriological laboratory in the Staten Island Marine Hospital. Transferred to Washington in 1901, the laboratory was a going concern. Many of its reports, little and large, appeared in *Public Health Reports*.

The 1918–19 issues recorded the progress of "Spanish flu"—one of the greatest pandemics of all time—which resulted in 500,000 deaths in the United States alone. (Years later—in 1958—the journal devoted almost an entire issue to the Asian influenza epidemic of the preceding year. Thanks to a new monovalent vaccine developed at the Government's urging, a less virulent strain, and a concentrated health education program, the death toll was far lower than in the early pandemic.)

The June 6, 1919, issue summed up "The War Activities of the United States Public Health Service." These activities consisted of an extensive malaria control program, supervised by Dr. Louis L. Williams, Jr., who was to perform the same service in World War II; the production of biologicals (612,908 ccs of vaccines produced in one 6-month period by the Hygienic Laboratory); war service by Public Health Service officers with the Coast Guard and elsewhere; and the first national attack on venereal disease. The sensibilities of the population were carefully considered. The \$1 million provided to the States for VD control was designated "The Army Appropriations Act."

The impact and application of the discoveries of



Physical examinations of school children were among the duties of "The Public Health Nurse." Her average salary, noted J. G. Townsend in a 1926 article, is \$140 per month. Below, snowshoes were useful for making home visits in some rural areas.

Dust storms in the Middle West. Three members of the Kansas State Board of Health concluded that there was no evidence that pathogenic organisms were actually carried by the intense dust storms occurring in the spring of 1935. Their paper, "Dust Storms and their Possible Effect on Health" appeared in the October 4, 1935, issue.

the bacteriological age on public health during 1900–20 are startlingly apparent. In 1907, *Public Health Reports* was listing the incidence of yellow fever, plague, cholera, and smallpox in the United States. By 1917, all but smallpox had disappeared from its pages.

Progress in what was called "women's emancipation" in the 1900s received brief notice in the issue of October 31, 1919. It was a report on the establishment of a 2- to 4-week program of physical training at Lake Geneva, Wis. Offshoot of a wartime program for some 3,500 women working for the Government in Washington, D.C., the pilot program engaged 147 women in physical drills. At its conclusion, participants signed an 8-point pledge containing a promise ". . . in the event of motherhood to nurse my child at my breast if possible."

On March 10, 1920, Dr. Hugh Smith Cumming became Surgeon General, the start of a 16-year in-

cumbency. The Public Health Service numbered 200 members of the commissioned corps, 23,000 civil servants, and a scattering of reserve officers permitted under an Executive Order of President Wilson. The Service and *Public Health Reports* entered the years of "normalcy."

On April 29, 1922, 57 hospitals, 900 physicians and dentists, 1,400 nurses, and 13,000 patients were transferred from the Public Health Service to the Veterans' Bureau. The Service retained 24 hospitals and the National Leprosarium, established in 1921 at Carville, La.

New bylines began to appear in *Public Health Reports*: Mary E. Lent, Dr. James P. Leake, Ida A. Bengston, Dr. Roscoe R. Spencer, and Dr. Wade Hampton Frost.

In the issue of April 6, 1923, the lead article was by Dr. George M. Kober, professor of hygiene at Georgetown University. The progress of medicine

could be judged, he wrote, by the statistics of 3 U.S. wars: during the Civil War, 65 of every 1,000 soldiers died annually of disease; in the Spanish-American War, 30 per 1,000; and in World War I, 14.8 per 1,000. Noting that the American lifespan had increased from 41 in 1870 to 56 in 1920, Kober continued: "In the opinion of the American Public Health Association, it will be possible, even without further additions to our knowledge of the causes and prevention of disease, but simply by the application of knowledge already gained and as yet unapplied, to add at least 20 years to the span of life within the next 50 years."

Public Health Reports reprinted a series of articles from the *United States Daily*, "published in Washington, and presenting the official activities of our National Government . . ." on December 10, 1926. The introduction proudly noted that the "Public Health Service was selected as the first Government bureau to be described."

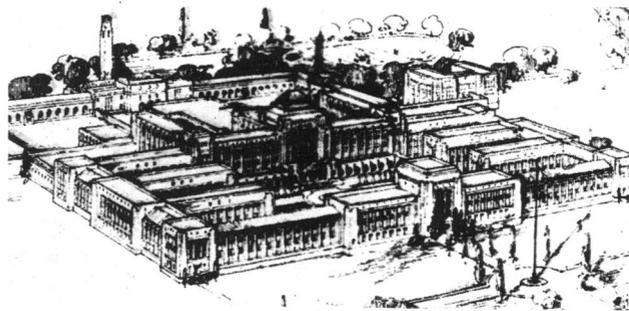
In 1929, Congress authorized the construction of two hospitals for narcotics addicts. Dr. Lawrence Kolb, a pioneer in studies of addiction and a frequent contributor to the journal, later became the Medical Officer in Charge of the first of them in Lexington, Ky. In 1929 also, the Service had an opportunity to put its skills to work in an outbreak of psittacosis. The epidemic totaled 850 cases and 33 deaths. Among those stricken was Dr. Charles Armstrong, a brilliant Service scientist, who was later to play an important role in the isolation of the virus that causes encephalitis.

Dr. Goldberger died in January 1929. On November 15 of that year, his last scientific report was published in the journal. The subject was pellagra. A footnote to the report stated: "This study was organized prior to the death of Surgeon Goldberger and was, for the most part, conducted under his direction."

The November 8, 1929, issue carried an article by Dr. William Henry Sebrell, a Goldberger disciple, on the association with diet of fatty degeneration of the liver and kidneys of dogs. One of the Service's latter-day experts in nutrition, Sebrell was later to become Director of the National Institutes of Health.

The New Deal and World War II

During the 1930s—the years of the New Deal—*Public Health Reports* reflected an increasingly self-confident and expanding Public Health Service. The issue of June 27, 1930, noted the coming of the air age with a report on "Quarantine Regulations of Airships Against Yellow Fever." In 1932, the



Architect's drawing of the Lexington Narcotic Farm. "The object of the Lexington, Ky. farm is to rehabilitate, restore to health, and train to be self-reliant those who are admitted thereto," declared W. L. Treadway in his 1935 account of the hospital's dedication and opening.

Service bought the Rocky Mountain Laboratory from the State of Montana. It was the first laboratory built for manufacturing Rocky Mountain spotted fever vaccine. In 1935, the United States Narcotic Farm, as it was called at first, was dedicated in Lexington, Ky.: 280 inmates, mostly prisoners and all male, and 1,000 beds. During a 4-day open house, 17,431 visitors went through the institution. In 1937, an act established the National Cancer Institute—first of the National Institutes of Health.

Of the events of the 1930s, however, the most significant in the world of public health was the passage of the Social Security Act in 1935. According to Dr. Thomas Parran, who had succeeded Dr. Cumming as Surgeon General in 1936. "Under the public provisions . . . of the Social Security Act, a national health program has been made possible for the first time in the history of the Public Health Service." A principal vehicle was grants-in-aid to the States in substantial New Deal amounts.

Dr. Parran had gained instant fame in 1934 when he was banned from a scheduled CBS broadcast. A network functionary who scanned his script said that the word "syphilis" could not be broadcast. When Dr. Parran refused to excise it, a studio pianist was summoned and the program was preceded by an announcement: "Due to circumstances which we could not control, the speaker scheduled for this program cannot appear." Uncontrollable Dr. Parran resigned from CBS's health education committee and informed a gleeful press. He made his own announcement: "Let's call it syphilis and let's get rid of it," and the word entered the common language. *Public Health Reports* began to record a declining incidence of syphilis as his campaign gained momentum, culminating in the National Venereal Disease Control Act of 1938—with \$25 million going to the States for a 3-year program.

The possibility of VD control had received a sub-



Service members used this new (in 1939) Diesel-electric powered boarding vessel for quarantine stations in northern waters. Ship photos and a short history of the Service were published in June 1939 when the Public Health Service was transferred from the Treasury Department to the Federal Security Agency.

stantial boost from the work of Dr. John F. Mahoney at the Venereal Disease Research Laboratory at the Staten Island Marine Hospital. In 1937 he established that sulfa drugs could cure gonorrhea, and 10 years later he identified penicillin as a remedy for syphilis.

During these years *Public Health Reports* continued to chronicle, among others, the works of Dr. H. Trendley Dean in controlling tooth decay with fluorides; Dr. Carroll Palmer's epidemiologic reports on tuberculosis and other diseases; the statistical studies of Edgar Sydenstricker and Selwyn Collins; and the sociological observations of George St. J. Perrott, who would serve for three decades as the managing director of the journal.

In 1939, the Public Health Service was absorbed into the newly created Federal Security Agency. *Public Health Reports* of June 30, 1939, sounded a somewhat wistful note: "After nearly 141 years, only 9 years less than the full life of the Nation itself . . . the United States Public Health Service leaves the administrative jurisdiction of the Treasury Department."

The storms of war abroad and of gathering uneasy preparedness at home got notice in the issue of September 27, 1940. The lead article cited President Roosevelt's order establishing a health and medical committee in the Council of National Defense. At a special conference of State and Territorial Health Officers convened by the Surgeon General, Dr. Parran said: "The most impelling problem we face today is the safety of this country and its institutions." Citing World War I figures, he saw formidable medical problems with the 16,500,000 registrants expected under the Selective Service Act—thousands with physical defects and with communicable dis-

eases, including VD. Mr. Perrott spoke of the need for physical rehabilitation of those disqualified for duty with the Armed Forces.

On December 12, 1941, 5 days after Pearl Harbor, the journal took only minor note of that day of infamy. The best its understandably stunned editors could come up with was an article on "Child Health and the Selective Service Physical Standards." War consciousness, however, soon began to surface. The May 8, 1942, issue led with an article by Federal Security Administrator Paul McNutt on health agencies' responsibilities and opportunities during the crisis. On November 12, 1943, there was "The Diet of Germany and Other Occupied Countries During the Second World War," and on July 21, 1944, "Planning for Health Education in the War and Post War Period—the State Program."

War activities, by and large, did not get prominent attention in the journal. Hundreds of Service personnel were serving in the Armed Forces and elsewhere, and an official moratorium had been declared on activities not directly related to the war. However, some achievements were noted in the journal: the highly successful campaign for recruiting nurses, directed by Senior Nurse Officer Lucile Petry—who later became the first nurse appointed to the grade of Assistant Surgeon General; the development of a typhus vaccine and an improved yellow fever vaccine; and the development of caudal analgesia to relieve childbirth pain, another achievement by scientists at the Staten Island hospital.

In 1945 President Truman sent the first presidential health message to Congress. In 1946 Congress



During World War II, the Public Health Service helped to set up clinics and hospitals needed during the construction of the Alaska Highway. Above, nurses home at Fort Nelson, British Columbia, in pioneering days of the project.

passed the Hill-Burton Act to support surveys and construction of hospitals. In July 1946 Dr. Parran was the prime mover in an international conference that led to the establishment of the World Health Organization.

On April 6, 1948, Dr. Leonard A. Scheele was appointed Surgeon General. Under his leadership, the Service would experience its greatest expansion, particularly in biomedical research.

PHR Goes Monthly and Expands Concepts

As chairman of a Public Health Service committee studying Service publications, Dr. Joseph Mountin, a distinguished career officer and prolific contributor to the journal, was among many who thought that it was time for a change in *Public Health Reports*. After long labor by the committee during 1950 and 1951, the journal emerged as a monthly in January 1952. Statistical reporting, the *raison d'être* of the journal, was turned over to a weekly morbidity and mortality report. Three publications were absorbed: The *Journal of Venereal Disease Information*, the *CDC Bulletin*, and the special tuberculosis issues of the journal.

The final 1951 weekly issues of the journal carried the announcement: "The new *Public Health Reports* will be concerned with the technical and professional aspects of public health practice, with problems of health administration and with research in these fields . . . there will be more emphasis . . . on administrative practice, program development, and applied research aspects and less emphasis on bench research and clinical material not directly related to public health practice."

Dressed in a dark green cover and printed on coated paper, the new *Public Health Reports* had a new 12-person editorial board, a masthead, and a system of using expert referees to judge whether articles merited publication. However, the promise of less bench research was not altogether carried out, for volume 67, No. 1, included a paper titled "Susceptibility of *Anopheles quadrimaculatus* to Korean Vivax Malaria." But the main fare was much broader: salaries of State health personnel, housing, an evaluation of health education, and the effect of the Controlled Materials Plan—an outcome of World War II experiences—on the construction of hospitals and other health facilities.

In 1952, the journal's staff took over the editorial chores of *Public Health Monographs* which replaced, in whole or in part, a number of Service publications. The aim was "to present contributions to

knowledge in the field of public health, particularly material that is extensive, detailed, or specialized." The range was wide and, up to 1971, 76 monographs appeared. Among the topics were statistical reports on illness and death in various populations, health department administration, law enforcement in housing rehabilitation, tranquilizing drugs, family group therapy, U.S.-U.S.S.R. medical exchange missions, and the history and organization of the Soviet Union's Academy of Medical Sciences.

In 1952 as well, *Public Health Reports* established a tradition that was to last until 1971; namely, the publication of abstracts of articles selected from the many hundreds of papers presented at the annual meetings of the American Public Health Association. The quite sensible editorial rationale was that no person could possibly attend more than a few of the sessions and, through this device, participants as well as stay-at-homes would be informed on the main trends of the discussions.

From 1952 on the pattern of the journal was pretty much set. So catholic had the concept of public health—or the public's health—become that *Public Health Reports* had to become equally wide-ranging. The hundreds of articles in the succeeding years would reflect, as promised and with reasonable accuracy, changes in health practice. They would also reflect social temperatures year by year.

Group achievements would increasingly replace those of individuals. Inevitably, too, in a nation grown from 39 million in 1870 to 151 million by 1950 and to 203 million by 1970, health as well as other national aspirations would be channeled increasingly into institutions. It was already beginning. During Dr. Scheele's first 2 years, two new Institutes—heart and dental research—two greatly enlarged programs—water pollution and environmental health—and nine expanded Service programs, ranging from engineering to chronic diseases, would be set up. The proliferation of programs—Federal, in the States, or in universities and other beneficiaries of Federal money—would seem endless as the years went on.

New health problems inevitably emerged to be noted in *Public Health Reports*—among them atomic radiation and the changing physical environment, no longer a biological but a chemical threat through the pollution of air, water, and food.

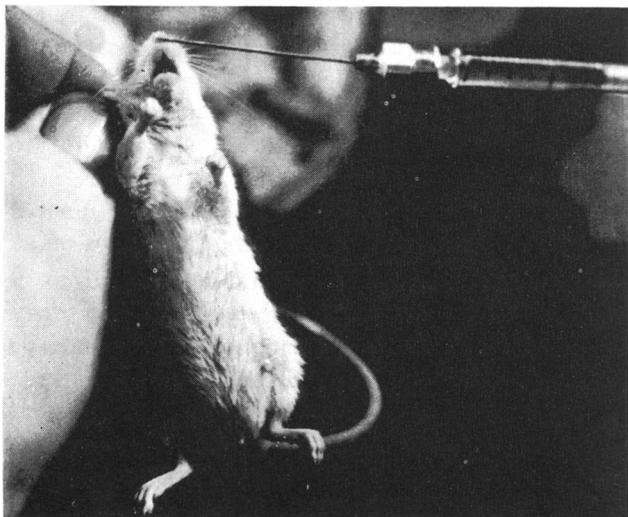
Briefly, during the 1950s the journal would serve as a vehicle for officials of the newly created Department of Health, Education, and Welfare and, as expectable, for Surgeons General. All articles were on health subjects, but the journal remained resolutely apolitical. There were only minor diverg-

ences. In August 1959, Assistant Secretary Eliot L. Richardson said in discussing the Federal role in the nation's health: "For most people, voluntary health insurance represents the best means of meeting the costs of medical care." Later, as Secretary of HEW, he was to preside over Medicare and Medicaid and many another not-quite-voluntary program.

Inescapably, *Public Health Reports* became a mirror of major health events. Just as Surgeon General Parran was thrust into prominence by his fight against VD, three of his successors would be primarily identified with major public health events: Dr. Leonard A. Scheele with the long controversy over the Salk vaccine; Dr. Leroy Burney with Asian flu; and Dr. Luther Terry with cigarette smoking.

The August 1955 issue of *Public Health Reports* carried an extensive report on the technical and other problems involved in the production and testing of the Salk polio vaccine and a calendar of events, some day-by-day, from July 1953 through July 8, 1955. Out of the controversy, a Service-backed drive for nationwide vaccination emerged—the beginning of an historic triumph in preventive medicine. A final—or at least penultimate victory—was achieved a few years later through the Sabin vaccine, although its advent, too, was starred with controversy.

The Asian influenza episode of 1957 resulted in the publication of the first single-topic issue of *Public Health Reports*, in February 1958. Articles ranged from major influenza epidemics through epidemiologic data to vaccination promotion by the devices of public information and education.



October 1957 photo feature showed testing procedures for Asian strain influenza. In tests of commercially produced vaccine at the Division of Biologics Standards, mouse is given intranasal drops of virus and antiserum.

Perhaps overwhelmed by the publicity given the Surgeon General's Report on Smoking and Health in January 1964, the editors of the journal did not take note of it until April of that year when a brief item reported its acceptance by the Service. Subsequent issues, however, gave ample space to the subject.

While the journal took note of widely publicized events, it continued to publish articles that were less dramatic but important to the public health world—England's national health service, hearing conservation and the public health role, silicosis, Navajo health, designs for retirement living, and the use of computers. Various aspects of medical economics occupied increasing space.

As a mirror of events, *Public Health Reports* noted other developments. Some were evanescent—civil defense and fallout from ground level atomic testing—some were less so. Secretary Arthur S. Flemming, who well understood the merits of public information for various "publics," appeared in the journal's pages 11 times during 1959–60, frequently reporting developments in the study of fallout. The turbulence of the 1960s is reflected in such articles as "The Challenge and the Task in Vietnam" in May 1964 and "Organization of Health Services for Civil Rights March" in June 1964.

Some of the journal's preoccupations were more traditional—reports on national health surveys, and in January 1964, a brief note reporting the identification, in Hawaii, for the first time since the century's turn, of a new mosquito *Aedes vexans nocturnus*.

New Dimensions

The editorial struggles with national size and complexity and the diverse facets of national health are illustrated in the growth of special issues of *Public Health Reports*. While the dimensions of malaria control or nurse recruitment could be delineated in an article, not so, for example, the laws and regulations governing public health. The widely acclaimed "Law and Health" issue of August 1964 contained 18 articles, the most exhaustive compendium in the history of the journal.

The January 1966 issue was devoted to the first 100 years of the New York City Department of Health. In September 1968, the journal carried a special section on "Medicare's Effects on Medical Care," and in September 1970, "Health Aides." More recent "specials" were "Health Care and the Poor" in November-December 1974, "Solving Problems of Rural Health" in July-August 1975, "New Dimensions in Health Education" in May-June 1976, and "International Health" in March-April 1978.

Altogether, from 1958 onward there have been 13 "specials." The changing face of public health can be viewed by the range of subjects, from national health insurance to "HMOs—Coming up Strong in the Seventies." In the journal's regular issues there are topics unthinkable to previous generations—marijuana, abortion, and vasectomy.

Public Health Reports also commemorated the Bicentennial of the United States by reprinting an article of historic significance in public health in each issue of 1975 and 1976.

In the late 1960s and early 1970s, *Public Health Reports* endured a relatively brief but traumatic experience. During the administrations of Surgeons General William H. Stewart and Jesse L. Steinfeld, the Department assumed wider responsibility for health administration. Reorganization fever, inspired by successive Secretaries, swept the Service. It resulted in two name changes for the journal—in 1971 to an unpronounceable *HSMHA Health Reports* and, 14 months later, to *Health Services Reports*. Parochialism was abandoned in favor of tradition in 1974, and the July-August issue became *Public Health Reports* once more.

However retitled, the public's health remained the concern of the Service's official journal. The February 1971 issue of *HSMHA Health Reports* took note of "Fewer Diseases Listed for Excluding Aliens." Fourteen were eliminated—from actinomycosis to yaws—as no longer being "a public health problem in the United States because the conditions for their spread no longer exist"—a note on the changing public health times. In 1971 also, an article on smoking, smartly illustrated with posters from the antismoking campaigns in the U.S.S.R., Great Britain, Germany, and Denmark, appeared in the June issue; in August, "An Economic and Efficient Vasectomy Program," and in November, "Marijuana Research Findings at UNC." Verdict: tetrahydrocannabinol or THC, active ingredient of the drug, did not appear "to produce physical dependence in laboratory animals."

A grace note—and evidence that the journal had not altogether abandoned tradition—was "Louisiana Voodoo and Superstitions Related to Health," in April 1971. The article, a survey of public health nurses' observations, listed "string cures"; 2 knots for teething, 12 for rheumatism (around the neck), and 9 for "pain in the body" (around the wrist).

Proof that *Public Health Reports* had not lost its life-long love for charts and statistics appears in the 1974 November-December issue. From 18 tables, the authors of "Profile of American Health, 1973" concluded that "The average American visited a physician five times, a dentist 1.6 times, lost 5.4 days of

work (for those 17 years and older), and youngsters 6–16 years old missed 5.1 days of school during 1973." Explaining that the "average American" is a statistical myth, the authors go on to identify a "poor American" as one earning less than \$5,000 annually.

As *Public Health Reports* moved into the 1970s, it retained many of the practices set in 1952. Continuing the tradition of publishing contributions from a broad spectrum of public health workers, the journal has been giving more space to the contributions of "outsiders" than to authors in the Service. Between July and December 1977, for example, 27 of 35 major articles were contributed by persons not in the Service—a partial result of the organizational fragmentation of the Service. Before 1952, the journal was primarily an "insiders" vehicle. Notes of developments, inside and out, in the interest of timeliness have been steadfastly maintained.

As a bi-monthly, *Public Health Reports*, in its present illustrated form, is prospering: 14,000 subscribers, an all-time peak—with readers in 112 countries. This is a quantum jump from Dr. Woodworth's scant 1,000.

Beyond statistical measurements, a publication's centennial inevitably leads to whither-tending speculation. Viewing the enormous changes between our time and the gas-lit 1870s precludes anything but a guess. There is perhaps a clue to one direction that will get more attention in the years ahead. In the November-December 1977 issue, *Public Health Reports* took note of the 75th anniversary of the Pan American Health Organization, the oldest inter-governmental health agency. From its earliest beginnings, the journal has charted the progress—or lack of it—in world illnesses. With many public health problems under reasonable control in the United States, attention inevitably gravitates outward. Mankind's ancient enemies—poverty and disease in eternal cycle—still exist formidably in many parts of the world. It is possible to speculate that emphasis on world health is bound to grow as nations recognize it as one of the surest paths to world peace. *Public Health Reports* will surely note the event, as well as the advent of other problems whose shapes and textures lie in the unforeseeable future.

In the meantime, *Public Health Reports'* writers and editors will continue to help extend the frontiers and explore the vast landscape of the public's health. In the long run, perhaps the most signal contribution that the journal has made is not in the articles by the widely celebrated but in those bits of knowledge—the statistics and the conclusions, often tentative—that constitute the major enduring force in the prevention of illness and premature death.